Threats of Medication Process in Outpatients: Qualitative Study With Physicians, Nurses, and Pharmacists

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Purpose:

The purpose of this study was to qualitatively describe the medication process in the hospital-affiliated outpatient.

Methods:

A qualitative descriptive design with semi-structured interview a purposeful sampling was used to gain a rich understanding of physicians', nurses', and pharmacists' current roles, work, and perceptions in medication process in the outpatient from July 2017 to September 2017. In total, 15 face-to-face interviews, including 5 physicians, 5 nurses, and 5 pharmacists, were interviewed. The inclusion criteria including that work in the outpatients 3 months and longer.

Results:

Medication process in outpatients is very different than in the inpatient. Themes elicited were categorized into the domains of (1) professionalism, (2) communication gaps, (3) heavy workload, (4) informative technology, (5) hospital administration, and (6) patient's involvement. Due to the lack of medication reconciliation training, the role of nurses in outpatient medication process is not clear. Even doctors might identify some medication issues; they are hesitated to change the medication regimen if they are not the prescribing doctors. How to communicate changes or suggestions for medication regimens is unknown in outpatients. Due to the heavy workload, doctors and pharmacists don’t have to much time to review complex medication history and regimen. Informative technology (IT) is designed to help professionals to be more efficiently to reconcile medication regimens, but IT sometimes contain too much information and slow the access time and thus doesn't help that much in the medication process in the outpatient. Patients have a more important role in medication process in outpatient than in inpatient. They need to understand their medications so they can provide accurate medication information to their doctors and they need to become their own messenger to bring information among doctors. Those domains helped us to understand threats and areas to work in order to enhance medication safety in outpatient.

Conclusion:

Medication process is very fragmented and has been overlooked in the outpatients. Specialists have advantage in providing care for specific diseases but are balanced by disadvantages of insufficient interprofessional communication and incomprehensive medication process. The collaboration of physicians, nurses, pharmacists, and patients with the integration of informative technology might be the potential solution in enhancing the safety of medication process in outpatients.

Title:
Abstract Summary:
Medication safety in outpatients is usually overlooked or being managed the same as in the inpatients. Our study findings show the uniqueness and threats of medication process safety from the role and experience of physicians, nurses, and pharmacists working in the outpatient. Potential solutions will be discussed.

Content Outline:
Introduction

1. High prevalence of medication errors in outpatient.
2. Medication reconciliation has been used to minimize medication errors but how to conduct it in outpatient is unknown.
3. Doctors, nurses, and pharmacists were interviewed for their role, training, and experience in medication process in outpatients.

Body

There six domains identified from interviews:

(1) professionalism

1. doctors are only familiar with medications in their subspecialties
2. pharmacist can help reconcile medications
3. nurses feel that they have insufficient training to manage medication process in outpatient. The medication process in outpatient is very different than in inpatient.

(2) communication gaps
1. doctors feel less comfortable to change medications that they don’t initiate that medication prescribe even there is a mediation problem.
2. There is no standard measures to communicate medication problems with another doctor is difficulty. There is no measures to do so.

(3) heavy workload

All three disciplines stated that heavy number of patient visits in the outpatient increase the difficulty to comprehensively reconcile the medications since they only have few time with each patient.

- informative technology (IT)
  1. IT is important for medication management in outpatient.
  2. IT could be an obstacle for doctors to use it when the design is too slow or not user friendly.

(5) hospital administration

1. hospital administration might overlook the importance of medication safety in outpatients
2. nurses don’t have computer to access patients’ medication history in the outpatient.
3. Nurses have to rotate in various subspecialties which increase the difficulty to understand the common medication in each subspeciality.

(6) patient’s involvement.

1. The role of patients is essential in the outpatient medication process. They need to understand their medication and their diseases as well. They become the communication bridge among various doctors.
2. The role of family members and healthcare aides in outpatient medication process.

Conclusion

1. Medication process is very fragmented and has been overlooked in the outpatients.
2. The collaboration of physicians, nurses, pharmacists, and patients with the integration of informative technology might be the potential solution in enhancing the safety of medication process in outpatients.

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medication safety since it is a great part of nurse' daily practice. Her work focuses on enhancing medication safety by minimizing the communication gaps using computer technology and increasing nursing students' skills in safe medication administration by using simulation-based teaching methodology.

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